

## Individual Support Team Meeting

**Note:** This is an addendum to the previous annual plan. This should be added to the previous annual plan and distributed to all team members

**Name:**

**IST Date:**

**Date of Incident Being Reviewed:**

**Last PCP Date:**

**Agency Providing Service:**

### IST Members

Name	Title	Attendance (Meeting, phone, consult, etc.)
1.		
2.		
3.		
4.		
5.		
6.		

**Review of Incident/Current Situation** (review incident, documentation, hospital assessments, restraint information, resource dev. Information) (\*Use additional pages if needed)

**Action Plan** – (Intervention plan, identify who is responsible. Plan should be preventative in nature with guidance for future response if necessary.)

**Training Needs:**

- ☐ A need for specific training is identified in the action plan and documented below.
- ☐ Needed training is presently provided through ongoing staff development in the agency or has been provided.
- ☐ There is no present need and the reasons for this are documented below.

### Psychological/Psychiatric Services

- ☐ A need for the service is identified in the action plan and documented below
- ☐ Identified that it is presently provided
- ☐ Identified there is not a need at the present time and documents the reasons for that decision.

**Use action plan format-desire/ need as determined by the team and attach to this sheet. This can be found at- <http://www.state.me.us/bds/mrservices/PCP-Action-Plan/index.html>**

**IST Review Date** (IST will determine frequency of review. The team will report to the planning team at the next P.C.P. at a minimum):

**Distribution:** IST Members

File (must be attached to Person Centered Plan in File)

Central Office

Others identified to be informed by IST

Update 6-19-07

6/20/2007

Consumer initials:

***DESIRE/NEED AS DETERMINED BY TEAM***

#	NAME OF DESIRE/NEED:			
START DATE:	PROJECTED DATE:	<input type="checkbox"/> DESIRE	<input type="checkbox"/> NEED	<input type="checkbox"/> UNMET
PERSON RESPONSIBLE:				
REASON: <input type="checkbox"/> Continuing <input type="checkbox"/> New		LONG TERM GOALS FLAG: <input type="checkbox"/>		

ACTION #:	ACTION NAME:		
ACTION DESCRIPTION:			
ACTION START DATE:		TARGET DATE:	
PERSON RESPONSIBLE:			
RESOURCES NEEDED:			

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